

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



March 26, 1997

Medi-Cal Eligibility Branch Information Letter No.: 97-10

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

**MASS MAILING LETTER TO AID CODES 03 AND 04 ELIGIBLE FOR HEALTH
INSURANCE IDENTIFICATION**

This is to advise counties of the Department of Health Services' (DHS's) intent to send a mailing to Medi-Cal eligibles assigned Aid Codes 03 and 04 (Adoption Assistance Program) to determine if health insurance is being provided by the newly or prospective adoptive parents. You may receive inquiries about the mailing.

A previous mailing sent in February 1996 resulted in the identification of other health coverage for 16 percent of the beneficiaries contacted. DHS intends to send letters only to those Medi-Cal recipients in Aid Codes 03 and 04 who have established eligibility after January 1996, the date of the eligibility file used for the February 1996 mailing.

A Health Insurance Questionnaire (DHS 6155A) with a prepaid postage envelope will be included with the letter to the parent(s) or prospective parent(s). We are asking them to complete and return it to DHS's Third Party Liability Branch. The other health coverage information will be used to instruct providers on how to bill for medical services and in claim processing and recovery activities.

If you have any questions regarding this project, please call Ms. Janeen Jimenez with DHS's Third Party Liability Branch, Health Insurance Identification Unit, at (916)323-5194. Beneficiary inquiries may be directed to (800) 952-5294.

Sincerely,

Original signed by

Glenda Arellano for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

DEPARTMENT OF HEALTH SERVICES

THIRD PARTY LIABILITY BRANCH

P.O. BOX 1287

SACRAMENTO, CA 95812-1287



Dear Parent:

We have been informed that you may be in the process of adopting or may have already adopted a child that is currently or has recently been Medi-Cal eligible. The Medi-Cal program pays for medical services provided to Medi-Cal eligible people who may not otherwise receive medical care. Whenever possible, the costs of this program are defrayed by using liable third party resources, such as private health insurance.

All Medi-Cal applicants and/or recipients are asked to report any private health insurance they have or acquire to their county welfare department or to the State Department of Health Services. This health insurance information is used to instruct providers how to bill for medical services and in claims processing and recovery activities.

If your child is covered by private health insurance (including Medicare supplements, prepaid health plans/health maintenance organizations, or CHAMPUS), please complete the enclosed Health Insurance Questionnaire (DHS 6155A) and return the form in the enclosed postage-paid envelope to:

Department of Health Services
Third Party Liability Branch
P.O. Box 1287
Sacramento, CA 95812-1287

If you have any questions regarding the Health Insurance Questionnaire, please call your county welfare department eligibility worker or DHS at 1-800-952-5294.

Enclosure